

09/130254

SCANNED # 4

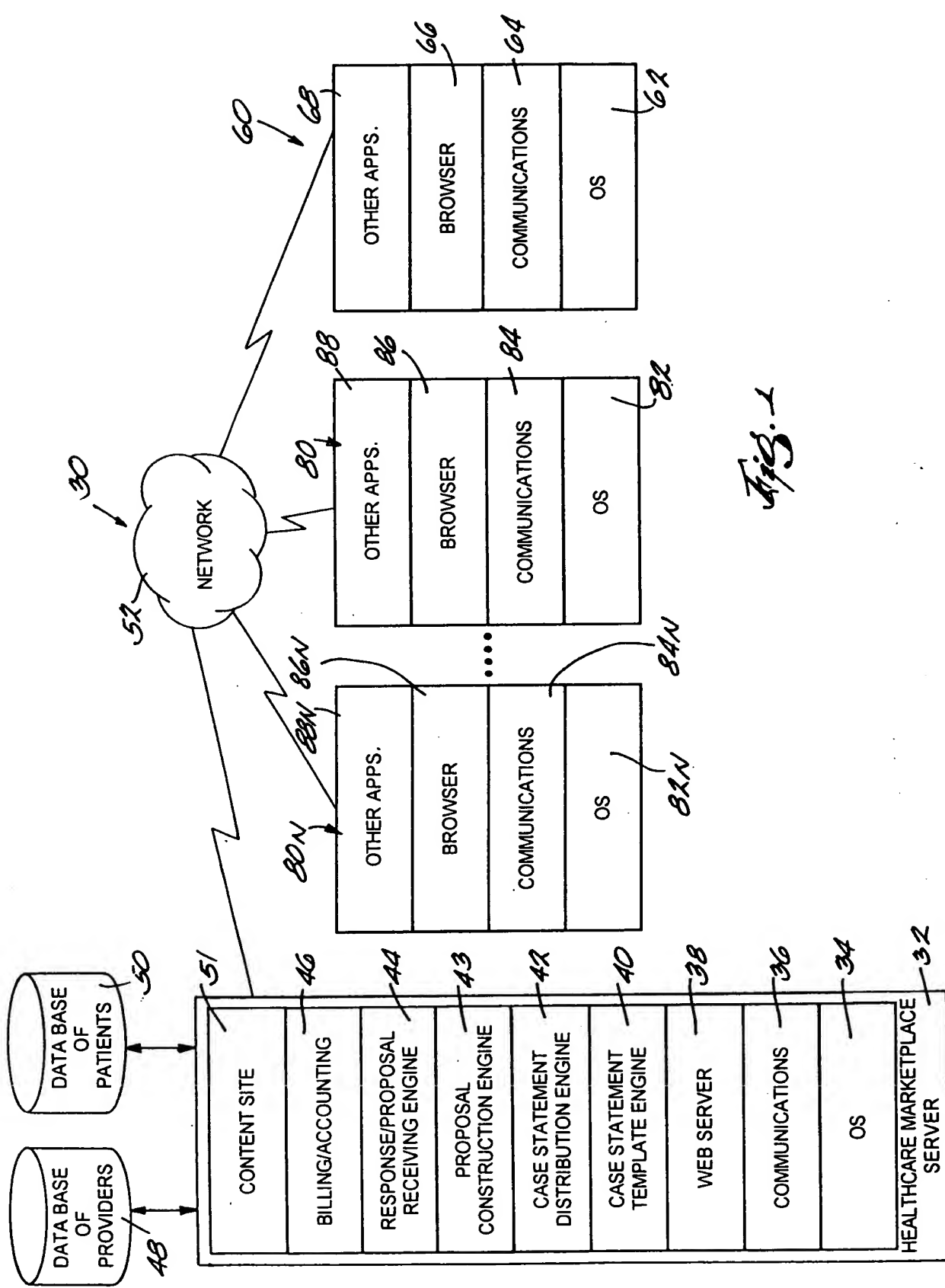


Fig. 1

0050274520E160



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Freedom of choice and the wisdom to use it

Quick Login:

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PatientWise is a serious marketplace

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for "significant healthcare services" allowing patients to make well informed, comparative purchase decisions among institutions responding to their specific healthcare needs and service preferences.

A patient, using carefully designed templates to specify his or her healthcare need and service physician produces a "case statement" on-line. A patient may require assistance from his or her referring physician state the healthcare need accurately; PatientWise can help with this process.

Institutions respond, within a stated timeframe, to individual case statements with structured templates containing well defined elements including quality indicators, services, and price.

PatientWise organizes the proposals so the patient sees side-by-side comparative information about quality and price. Upon review of organized proposals, the patient — often in consultation with the referring physician — chooses one of the responding institutions and secures its services with a deposit.

Legal Notices

Fig. 2.



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Freedom of choice and the wisdom to use it

Definitions

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Definitions

Significant health care services are non-emergency complex procedures requiring a hospital, principal surgeon and other professionals acting together to respond to serious medical conditions.

Service preferences may include travel distance, timeframe in which procedure should be scheduled, accommodations for family or significant other, or anything else important to the patient.

Institutional responses include its "track record" (quality and outcome indicators) for the procedure needed; the name(s), qualifications and track record of the proposed principal surgeon(s), the extent to which service preferences can be met, the "price", and any other attributes of the institution it cares to make the patient aware of.

Price is well defined -- at a minimum it represents the combined charges of facility and principal professionals (surgeon(s), anesthesiologist(s), and hospital-based physicians such as radiologists and pathologists). However, at the institution's discretion, it may include other professional services (e.g., consultants, if necessary). Prices are not set. They depend on the particular clinical circumstance and will vary among institutions and from time to time vary at a given institution. In some instances (e.g., a patient with traditional Medicare coverage) price information is not applicable.

The deposit may be refunded in whole or in part depending on the extent to which the patient's insurance covers the price of the procedure.

Fig. 3

005007-1502260



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Freedom of choice and the wisdom to use it

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Referring Physician

Patientwise.net is your tool to improve your patient's understanding of his or her choices, when complex healthcare services are needed.

You can refer your patient to the patientwise.net web site to submit information and receive proposals from medical centers in the area, or across the country, as appropriate.

Your patient will be able to compare information about the credentials and track record of the surgeons and medical centers proposing to deliver needed care.

Your patient can also see what additional amenities, and scheduling options are available.

Though price is not the most important factor for many patients, they can also learn what the entire procedure will cost, for both facility and professional fees.

Price is not indicated for Medicare beneficiaries or Medicaid program participants.

PatientWise recommends that you schedule office visits with the patient to assist with the development of case profile, and to review the proposals that come back to your patient (three working days after submission) and help him or her make a selection.

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↓

Fig. 4

005027-15202260



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Freedom of choice and the wisdom to use it

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PatientWise Proposing Medical Centers

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Patientwise.net helps discriminating patients who need significant hospital-based health services to find the best match for their needs both clinically and non-clinically and to obtain an "up-front" knowledge of what the care will cost.

Usually with the help of a referring physician, patientwise.net patients construct case statements which contain the reasons for the requested clinical intervention. The case statements include:

- Chief Complaint
- History of Present Illness
- Past Medical History
- Review of Systems
- Current medications
- Allergies, and pertinent findings (physical signs, laboratory values, imaging results, results of special tests, where appropriate)

The patient may specify other preferences. (For example, a patient seeking a hip replacement might seek a particular week for scheduling to accommodate a spouse's vacation schedule.)

Key attributes of the patient's insurance would also be included.

The case statement, as posted on the Internet, does not contain unique patient identifying information.

As a provider with service lines in the category of the requested service, you might choose to prepare a response to a given case statement. (As a participating patientwise.net provider, you are never required to propose.)

Your response will include required and optional elements in three areas: clinical qualifications, service, and price.

Fig. 5



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Services

By its very nature, patientwise.net does not handle emergencies.

Nevertheless, many patientwise.net patients have serious conditions (including coronary artery disease, aortic aneurysms, brain tumors, or cancer). They will be anxious to find the right setting for their care quickly.

For this reason, only three business days are allowed from the time a case is posted on the secure provider site on the internet to the cut-off time for proposal submission.

A complete proposal will require two dates:

- The date of an outpatient visit with the principal surgeon.
- The week during which the procedure itself could be performed.

The outpatient visit allows:

- The patient to meet the surgeon
- The surgeon to review the clinical material supplied by the patient and the referring physician to verify that the procedure is, in fact, necessary
- To carry out any further pre-admission testing that the surgeon feels is necessary, or that your facility requires
- To complete other required tasks (e.g., informed consent, insurance eligibility, insurance authorizations).

You will also have the opportunity to address service preferences expressed by the patient and add any helpful information that might distinguish your institution. For example, you may wish to highlight the availability of private rooms, assistance with travel arrangements, availability of translators, availability of elder care or child care, or availability of accommodations for a significant other.

Fig. 6

005027-19202260



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Contact Us

Use the form below to send a brief email message to patientwise.net. If you would like to pre-register, use these links: [Consumers](#) | [Providers](#) | [Referring Physicians](#).

First Name

Last Name

Email Address

Message

<#Thanks>

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Fig. 1



patientwise.net

Freedom of choice and the wisdom to use it

[Consumer Information](#) | [Get Information](#)

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Get Information

This form is for consumers who wish to receive information. Referring physicians should [click here](#), and providers should [click here](#).

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Contact us

Consumer

Provider

Referring
Physician

First Name

Last Name

Street Address 1

Street Address 2

City

State - Select A State - ☐

ZIP

Day Phone

Evening Phone

Email Address

Comment
(255 characters)

Submit

<#Thanks>

[Legal Notices](#)

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Fig. 8



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Physician Information | Get Information

005027-75202660

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Physician

Get Information

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This form is for physicians who wish to get more information. Consumers should click here, and providers should click here.

First Name

Last Name

Practice Name

Street Address 1

Street Address 2

City

State - Select A State -

ZIP

Day Phone

Evening Phone

Email Address

Comment
(255 characters)

162

164

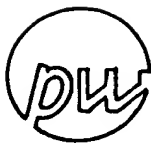
Submit

#Thanks>

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Fig. 2

005027 15202260



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Clinical Qualifications

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When you choose to offer a proposal, the required data elements are:

- Principal Surgeon
- His/her qualifications
 - Medical School and residency training
 - Board Certification
 - Years in Practice
- Track Record over the most recent year:
 - Number of cases performed of this type of procedure
 - In-hospital deaths among these cases
 - Number of cases with complications
 - Expected uncomplicated length of stay
- Facility-wide track record:
 - Number of cases performed of this type of procedure
 - Morbidity
 - Mortality
 - Patient Satisfaction measurement and description of the tool used to measure it.

In addition to these required fields, you may wish to further explain your quality information, so that the patient will see this information along with the numbers. For example, you may wish to include long term results, or explanation about how being a referral center affects the results, or how your use of clinical pathways allows patients and families to monitor progress, or how patient satisfaction is related to your use of modern pain management techniques. You can say anything provided it is true and based on reasonable evidence.

You may feel free to include your web site address and citations to articles that favorably portray the surgeon, department or facility.

Fig. 10



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Price

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For patientwise.net, price has a well-defined meaning. It is the sum of the charges that will be submitted by the facility and the principal professionals involved in the procedure:

- Principal Surgeon
- Assistant Surgeon (when appropriate)
- Anesthesiologists (or CRNAs)
- Radiologists
- Pathologists

PatientWise is asking for a not-to-exceed total of these elements, plus any other elements that the proposing medical center chooses to add.

PatientWise is not asking for a combined billing, by the facility and professionals, to the patient's insurer, but does require a single bill to those patients who are self-pay. For medical centers and professionals who are participating providers with the patient's insurer, health plan or HMO, bills may not exceed any existing contractual limits. Medical Centers needing assistance with claims re-pricing or with administrative services to re-distribute payments among participants should contact PatientWise Corporation.

Patientwise.net is a "spot market;" whatever price you quote is understood to apply for that single, specific case statement, and no other. It will be revealed by patientwise.net only to the patient submitting the case statement.

Your price should reflect the sum your facility and professionals are willing to claim given:

- The specifics of the case
- Your desire for incremental cases at the time of your proposal
- Your sense of the price sensitivity of the patient
- The attractiveness of your organization, by general reputation or by the contents of your proposal

Price quotes are not necessary for traditional Medicare beneficiaries, or for Medicaid recipients, if they are inadvertently included, we will not pass them along to the patient.

Prices will be in U.S. dollars. The patient and/or payer will absorb the cost or reap the benefit of currency fluctuations between the time of quote and payment.

Fig. 11



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Consumers

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Referring Physician

Basic Information	Referring Physician	Clinical Information
• Title <input type="text" value="Mr."/> <i>There are 4 proposals on file.</i> 214		
• Last <input type="text" value="ACKERMAN"/> 216		
• First <input type="text" value="RAYMOND"/> <i>M J</i> - 217		
• Addr1 <input type="text" value="34 2nd Street"/> - 218		
• Addr2 <input type="text" value=""/> - 220		
• City <input type="text" value="PINE BLUFF"/> - 222		
• State or Province <input type="text" value="Texas"/> - 224		
• Postal Code <input type="text" value="53140"/> - 226		
• Country <input type="text" value="United States of America"/> - 228		
• Date of Birth <input type="text" value="12/25/1943"/> - 230		
• Sex <input type="text" value="M"/> - 232		
• Home Phone <input type="text" value="(262) 345-6789"/> - 234		
• Work Phone <input type="text" value="(262) 456-0897"/> - 236		
• Fax Number <input type="text" value=""/> - 238		
• Email Address <input type="text" value="rackerman@msn.com"/> - 240		
• Preferred Method of Contact <input type="text" value="Email"/> - 242		
• Social Security Number <input type="text" value="023456789"/> - 244		
• Health Insurance Coverage <input type="text" value="Other Commercial"/> - 248, 250		
• Health Insurance Company <input type="text" value="USA Health"/> - 252		
• Group Number <input type="text" value="234566"/> - 254		
• ID Number <input type="text" value="08-1234567"/> - 256		
• Explanatory Notes (Optional) <input type="text" value="My children are unaware of my illness. Please contact me by e-mail."/> 256		
<input type="button" value="Submit"/>		

Fig. 12.

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• Category of Procedure Go 264

• Specific Procedure 265

• Chief Complaint *Hint* 272 266
<#CC>

• History of Present Illness *Hint* 273 267
<#HPI>

• Past Medical History *Hint* 274 268
<#PMH>

• Review of Systems *Hint* 275 269
<#ROS>

• Medications *Hint* 276 270
<#MEDICATION>

• Allergies *Hint* 277 271
<#ALLERGIES>

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Fig. 13



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Basic Information

Referring Physicians

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Physician

Primary Physician

- Last Harman 283
- First John 284
- Addr1 2200 3rd Street 285
- Addr2 286
- City Kenosha 287
- State or Province Wisconsin 288
- Postal Code 53140 289
- Country United States of America 290
- Phone (262)-345-6792 291
- Fax Number (262)-345-6709 292
- Email Address jharm@aol.com 293

Other Physician

- Last
- First
- Addr1
- Addr2
- City
- State or Province - Select A State -
- Postal Code
- Country United States of America
- Phone
- Fax Number
- Email Address

<#NOTES>

- Explanatory Note
- By clicking the submit button you are giving us permission to contact the above physic subject to any conditions in the explanatory note.

Submit

Fig. 14

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005027 7520E260



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Consumers

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Information

- Restrict proposals to hospitals in my insurer's network ☒ 304
- Distance (in miles) willing to travel ☒ 306
- Preferred Timeframe for Procedure: As soon as possible (ASAP) or week of ☒ 308
- Add additional preferences (e.g., private room, translator needed, religious accomodat or other accomodations)

<#OTHER>

Submit

Fig. 15



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Freedom of choice and the wisdom to use it

Clinical Qualifications | Services | Price | Provider Information | Pre-Register

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Pre-register

To find out more about being authorized to submit proposals to patientwise.net patients please fill in the following information:

First Name 354

Last Name 356

Organization Name 358

Medicare ID 360

Web Address http:// 362

Street Address 1 364

Street Address 2 366

City 368

State - Select A State - 370

ZIP 372

Phone 374

Email Address 376

Are you the person who will be authorized to submit proposals for your organization?

☒ Yes ☐ No ☐ Don't Know 380

If not, please provide the name of the person who will be authorized to submit proposals. If you don't know, leave it blank. 382

You will be sent detailed information about the PatientWise.net program in the mail. Please tell us how you prefer that we follow-up. 384

Email 386

Enter your comments or questions in the space below.
(255 character maximum.)

Submit

<#Thanks>

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005021-15202250

Fig. 16

005021-15202650



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Freedom of choice and the wisdom to use it

<#NAME>

<#CONTACTNAME>

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↓

Pending Cases

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<#PROFILE>
MDC

Profile

Change for this session only

Submit

Change for this session and for future sessions

Save

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Physician

Fig. 17

Surgeon:

Facility:**Price:**

Other Price Information:

Fig. 18

00502719202260

SIOUX VALLEY HOSPITAL

Good day, Dave Link

600

Fig. 19

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Proposal Status

Home	Profile	Pending Cases	Distance
Company			
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Consumer			
Provider			
Referring Physician			
MDC			
<input type="checkbox"/> 01 NERVOUS SYSTEM (Brain, Spinal Cord)			
<input type="checkbox"/> 02 DISEASES OF THE EYE			
<input type="checkbox"/> 03 EAR, NOSE, MOUTH & THROAT (Includes Tongue, Larynx, Sinuses, Jaw)			
<input checked="" type="checkbox"/> 04 RESPIRATORY SYSTEM (Lungs, Trachea & Bronchial tubes, chest cavity other than heart)			
<input checked="" type="checkbox"/> 05 CIRCULATORY SYSTEM (Heart, Arteries, and Veins)			
<input type="checkbox"/> 06 DIGESTIVE SYSTEM (Esophagus, Stomach, Small & Large Intestine, Rectum, Anus)			
<input checked="" type="checkbox"/> 07 HEPATOBIILIARY SYSTEM & PANCREAS (Liver, Gallbladder, Bile Ducts, Pancreas, Spleen)			
<input checked="" type="checkbox"/> 08 MUSCULOSKELETAL SYSTEM (Joints such as hips and knees, spine, bones)			
<input checked="" type="checkbox"/> 09 DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST			
<input checked="" type="checkbox"/> 10 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS			
<input checked="" type="checkbox"/> 11 KIDNEY & URINARY TRACT (Bladder, Ureters, Kidneys)			
<input checked="" type="checkbox"/> 12 MALE REPRODUCTIVE SYSTEM (Prostate, Testicles, Penis, Scrotum)			
<input checked="" type="checkbox"/> 13 FEMALE REPRODUCTIVE SYSTEM (Ovaries, Fallopian tubes, Uterus, Vagina)			
<input checked="" type="checkbox"/> 14 PREGNANCY, CHILDBIRTH & THE PUERPERIUM			
<input checked="" type="checkbox"/> 16 DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGIC DISORDERS			
<input checked="" type="checkbox"/> 17 MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPLASMA			
<input checked="" type="checkbox"/> 18 INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES			
<input checked="" type="checkbox"/> 19 MENTAL DISEASES & DISORDERS			
<input checked="" type="checkbox"/> 21 INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS			
<input checked="" type="checkbox"/> 23 FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SVCS			
<input checked="" type="checkbox"/> 24 MULTIPLE SIGNIFICANT TRAUMA			
Coverage			
<input checked="" type="checkbox"/> HMO			
<input type="checkbox"/> Other Commercial			
<input type="checkbox"/> Medicare			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> Self Pay			

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SIOUX VALLEY HOSPITAL

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Proposal Status

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Age ↑

Sex ↑

Zip ↑

State ↑

ICD 9 ↑

Description

Link

55	F	53140	WT	325	COMPLETE PNEUMONECTOMY	details
66	M	18403	PA	5122	CHOLECYSTECTOMY	details
77	F	19562	PA	8181	PARTIAL SHOULDER REPLACE	details
71	M	07014	PA	323	SEGMENTAL LUNG RESECTION	details
79	F	18034	PA	387	INTERRUPTION VENA CAVA	details
59	F	18657	PA	3328	OPEN LUNG BIOPSY	details
74	F	19341	PA	5122	CHOLECYSTECTOMY	details
78	M	19319	PA	323	SEGMENTAL LUNG RESECTION	details
75	F	18330	PA	3950	ANGIO/ATH NON-CORO VES	details
45	F	19506	PA	686	RADICAL ABD HYSTERECTOMY	details

New Fig. 20 Here are the current cases that meet the hospital's profile.

Fig. 20



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Freedom of choice and the wisdom to use it

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700		702		712		714		716		718			
Profile		Pending Cases		Your Proposals		State 11		ICD 911		Description		Link	
704		706		708		710		712		714		716	
Status 11		Age 11		Sex 11		Zip 11		State 11		ICD 911		Link	
A 56		M 53140		TX 0151		EX CEREB MENINGEAL LES							

Fig. 2.1

Fig. 22.

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Freedom of choice and the wisdom to use it

SIOUX VALLEY HOSPITAL

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Accept

Go Back

Surgeon:

Last Name	Smith	First Name	James	Deg	MD
Medical School	University of South Dakota	Year Graduated	1978		
Board Certification	Neurosurgery	Years in Practice	20		
Procedures of this type in last year	100				
Among these, in-hospital deaths	3				
Among these, in-hospital complications	7				
Expected Length of stay	5.1				
Date of First Surgeon Visit	10/25/2000				
Week of Procedure	10/30/2000				
Alternate Week	11/06/2000				

Facility:

Procedures of this type in last year	250
Among these, in-hospital deaths	11
Among these, in-hospital complications	16
Additional Clinical Information	<input type="checkbox"/> Dr. Smith has an excellent reputation nationally. He has written over 30 papers and pioneered techniques in intracranial surgery. His long-term recurrence rate is very low for benign tumors - about 3% over 5 years.
Additional Service Information	<input type="checkbox"/> We have excellent travel arrangements and can help book flights, arrange hotel accommodations for patient & spouse or family.

Price:

Price Type:	Itemized
Facility:	\$15,000.00
	Case Rate
Principal Surgeon:	\$8,000.00
Assistant Surgeon:	\$4,000.00
Anesthesia Professional:	\$3,000.00
Radiology Professional:	\$1,000.00
Pathology Professional:	\$300.00
Total:	\$31,500.00
Other Price Information:	<input type="checkbox"/> Almost always there is a neurology consultation which we will arrange and include in the price by one of our professors of Neurology.

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patientwise.net

800

Report for: Mr. RAYMOND J ACKERMAN 10/26/2000

Facility	SIOUX VALLEY HOSPITAL	MT SINAI HOSPITAL MEDICAL CENTER
Principal Surgeon	James Smith MD	James Williams MD
Medical School	Univeristy of South Dakota	NYU
Graduated	1978	1972
Board Certification	Neurosurgery	American Board of Neurosurgery
Years in Practice	20	20
Number of Procedures (past yr)	100	150
Inhospital Deaths (among these)	3	5
Inhospital Complications (among these)	7	7
Expected Length of Stay	5.1	4.1
Facility Procedures (past yr)	250	340
Inhospital Deaths (among these)	11	12
Inhospital Complications (among these)	16	31
Clinical Services	Dr. Smith has an excellent reputation nationally. He has written over 30 papers and pioneered techniques in intracranial surgery. His long-term recurrence rate is very low for benign tumors - about 3% over 5 years.	We are a neurosurgical "center of excellence." Our program is recognized widely. Dr. Williams and his colleagues have published and spoken widely. Our equipment is state of the art with new laser surgical instruments to minimize brain damage.
Non-clinical Services	We have excellent travel arrangements and can help book flights, arrange hotel accommodations for patient spouse or family.	We do have private rooms available and hotel accommodations within 1 block from the hospital.
Office Date	10/25/2000	09/15/2000
First Week	10/30/2000	09/18/2000
Alt. Week	11/06/2000	09/25/2000
Total Price	\$31,500.00	\$35,000.00
Type of Price	Itemized	Global

Fig. 23

003021 19202260

005021 19202600

Type of Facility Price	Case Rate	N/A
Facility Case Rate	\$15,000.00	N/A
First Days' per Diem	N/A	N/A
Days of First per Diem	N/A	N/A
Subsequent Days' per Diem	N/A	N/A
Principal Surgeon Fee	\$8,000.00	N/A
Assistant Surgeon Fee	\$4,000.00	N/A
Anesthesia Fee	\$3,000.00	N/A
Radiology Fee	\$1,000.00	N/A
Pathology Fee	\$300.00	N/A
Other	Almost always there is a neurology consultation which we will arrange and include in the price by one of our professors of Neurology.	

Fig. 23A